myCGS User Manual

CHAPTER 7

'Forms' Tab

(for Home Health & Hospice Providers)

CGS®
A CELERIAN GROUP COMPANY

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

Table of Contents

'Forms' Tab **4**

Submitting a Redetermination Request 4

Accessing the myCGS Redetermination Form 4

Determining Timely Appeal Request 5

Completing the myCGS Redetermination Form 6

'Beneficiary Information' Section 6

'Provider Information' Section 7

'Claims Information' Section 7

'Attachments' Section 8

Submitting a Redetermination Request Form 9

Redetermination Submission Message and Submission ID 10

Checking the Status of a Redetermination Request 11

Viewing Redetermination Documents 11

Submitting an e-Offset Request 12

Accessing the myCGS e-Offset Form 13

Completing the Immediate Offset Form (e-Offset) 13

Provider Level Offset 14

Demand Letter Offset 15

Letter Option 15

AR Option 16

Stop Provider Level Offset Previously Requested 18

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CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

Checking the Status of an e-Offset Request 19

Responding to Medical Review Additional Documentation Requests 21

Accessing the MR ADR Response Form 21

Completing the MR ADR Response Form 22

'Provider Information' Section 22

'Patient & Claims Information' Section 23

'Attachments' Section 23

Submitting the MR ADR Response Form 24

Checking the Status of an MR ADR Response 26

Medicare Credit Balance Reporting 26

Accessing the Credit Balance Reporting Form 27

Completing the Credit Balance Reporting Form 27

'Provider Information' Section 28

'Attachments' Section 28

'Electronic Signature' Section 29

Submitting the Credit Balance Reporting Form 29

Checking the Status 29

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CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

'Forms' Tab

The 'Forms' tab allows providers to submit certain forms directly to CGS through the myCGS Web portal. Currently, 2 forms are available: *Redeterminations* and *e-Offsets*.

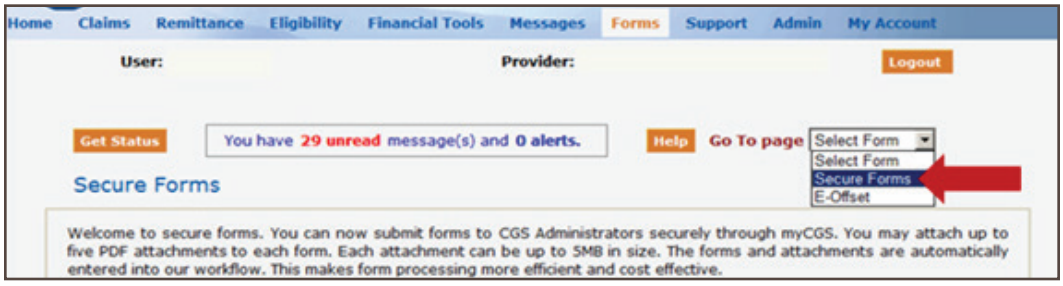
Reminder: Provider Administrators have access to all tabs within myCGS. Provider Users only have access to those tabs granted by their Provider Administrator. If you are a Provider User and the 'Messaging/Forms' tab is grayed out, but you believe you need access to the 'Messaging/Forms' Tab, you should contact your Provider Administrator.

SUBMITTING A REDETERMINATION REQUEST

The 'Forms' tab option within myCGS allows Users to submit a Redetermination request (1st level of appeal) to CGS using an electronic Redetermination Request Form. In addition, this tab allows Users to submit additional supporting documentation with their redetermination request. Users may also monitor the status of their redetermination request using this option.

Accessing the myCGS Redetermination Form

Once you access the 'Forms' tab, in the "Go To page" field, click the drop-down box and select 'Secure Forms.'


Home
Claims
Remittance
Eligibility
Financial Tools
Messages
Forms
Support
Admin
My Account
User:
Provider:
Logout
Get Status
You have 29 unread message(s) and 0 alerts.
Help
Go To page
Select Form
Select Form
Secure Forms
E-Offset
Secure Forms
Welcome to secure forms. You can now submit forms to CGS Administrators securely through myCGS. You may attach up to five PDF attachments to each form. Each attachment can be up to 5MB in size. The forms and attachments are automatically entered into our workflow. This makes form processing more efficient and cost effective.

Once on the 'Secure Forms' page, you will find options to *Select a Topic* and *Select a Type*. The 'Select a Topic' field will default to "Appeals", as this is currently the only option available. Likewise, the 'Select a Type' field will default to "First level appeal on a Medicare Claim."

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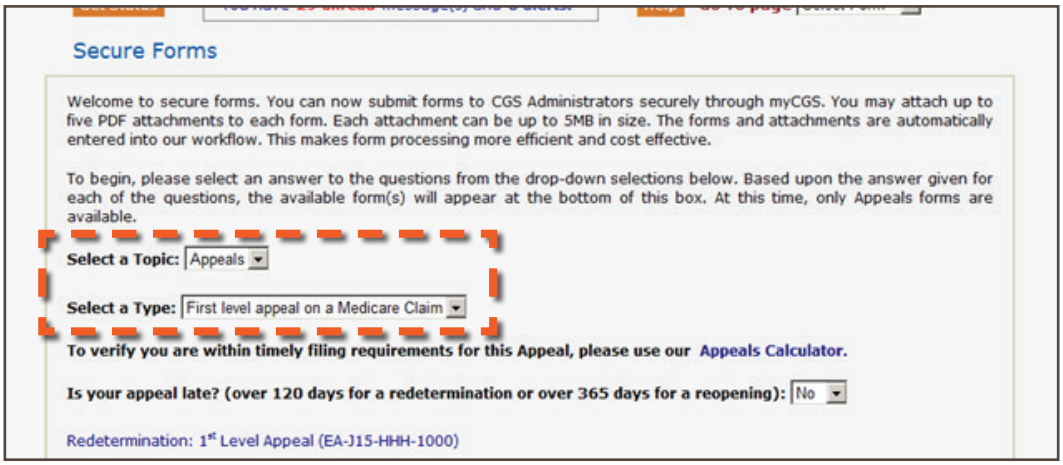
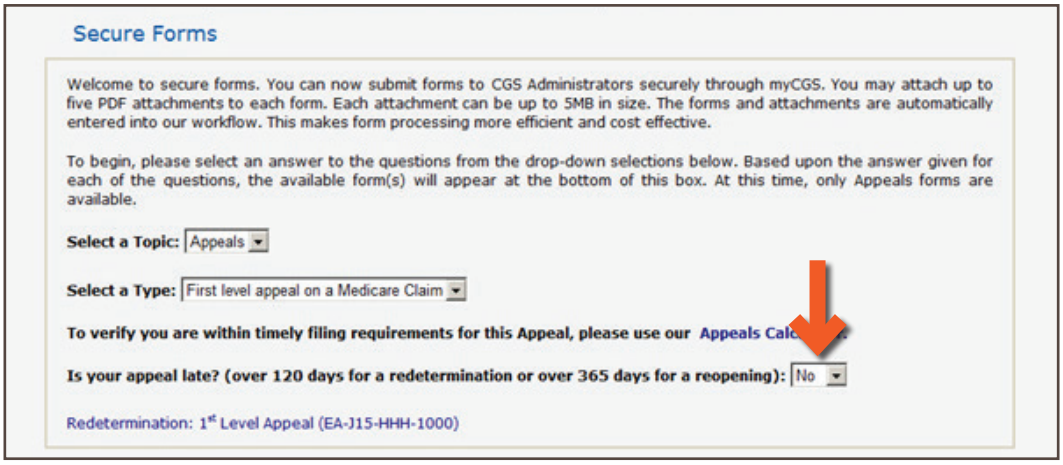
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

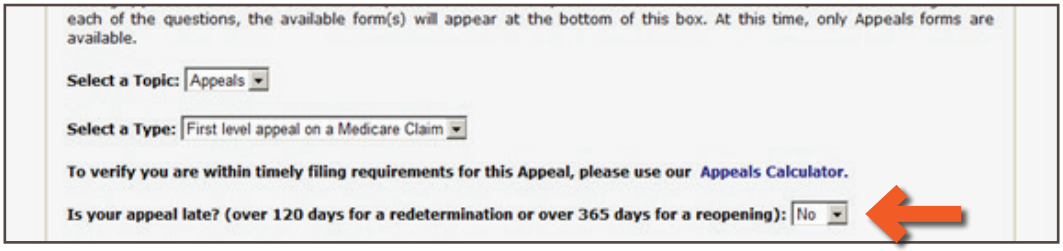

Secure Forms
Welcome to secure forms. You can now submit forms to CGS Administrators securely through myCGS. You may attach up to five PDF attachments to each form. Each attachment can be up to 5MB in size. The forms and attachments are automatically entered into our workflow. This makes form processing more efficient and cost effective.
To begin, please select an answer to the questions from the drop-down selections below. Based upon the answer given for each of the questions, the available form(s) will appear at the bottom of this box. At this time, only Appeals forms are available.
Select a Topic: Appeals
Select a Type: First level appeal on a Medicare Claim
To verify you are within timely filing requirements for this Appeal, please use our Appeals Calculator.
Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No
Redetermination: 1st Level Appeal (EA-J15-HHH-1000)

Determining Timely Appeal Request

Redetermintation requests must be submitted within 120 days of the initial determination (i.e. date on the Medicare remittance advice). myCGS will ask "Is your appeal late?" and you must select "yes" or "no" from the drop-down box.


Secure Forms
Welcome to secure forms. You can now submit forms to CGS Administrators securely through myCGS. You may attach up to five PDF attachments to each form. Each attachment can be up to 5MB in size. The forms and attachments are automatically entered into our workflow. This makes form processing more efficient and cost effective.
To begin, please select an answer to the questions from the drop-down selections below. Based upon the answer given for each of the questions, the available form(s) will appear at the bottom of this box. At this time, only Appeals forms are available.
Select a Topic: Appeals
Select a Type: First level appeal on a Medicare Claim
To verify you are within timely filing requirements for this Appeal, please use our Appeals Calc
Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No
Redetermination: 1st Level Appeal (EA-J15-HHH-1000)

If you are unsure whether your redetermination request is timely, myCGS offers a link to a CGS Appeals Time Limit Calculator to assist you. To access the Calculator, click on the 'Appeals Calculator' link located in the lower-right of the screen.


each of the questions, the available form(s) will appear at the bottom of this box. At this time, only Appeals forms are available.
Select a Topic: Appeals
Select a Type: First level appeal on a Medicare Claim
To verify you are within timely filing requirements for this Appeal, please use our Appeals Calculator.
Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No

The Appeals Time Limit Calculator will open in a new window. Enter the date of the initial determination for the service being appealed and click *Calculate!*

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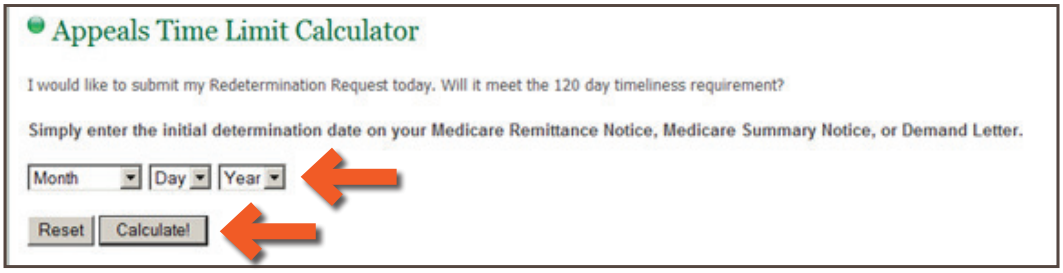
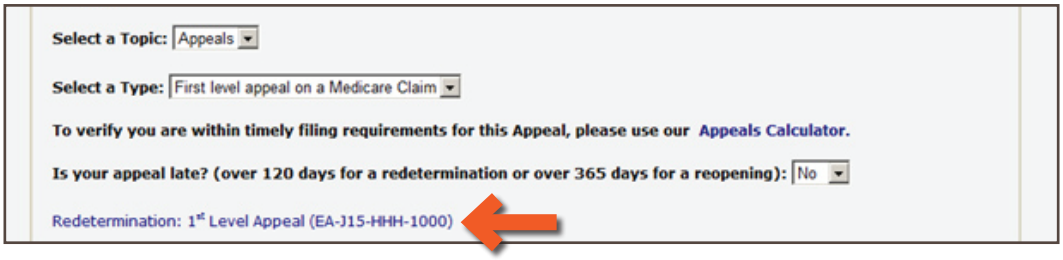
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)


Appeals Time Limit Calculator
I would like to submit my Redetermination Request today. Will it meet the 120 day timeliness requirement?
Simply enter the initial determination date on your Medicare Remittance Notice, Medicare Summary Notice, or Demand Letter.
Month
Day
Year
Reset
Calculate!

The Appeals Time Limit Calculator will display the last day to submit your redetermination request in order to meet timeliness requirements. If your request is still within this timeframe, return to the Secure Forms screen to complete and submit the Redetermination form in myCGS.

Completing the myCGS Redetermination Form

Once you have determined that your redetermination request is timely, click on the 'Redetermination 1st Level Appeal' link.

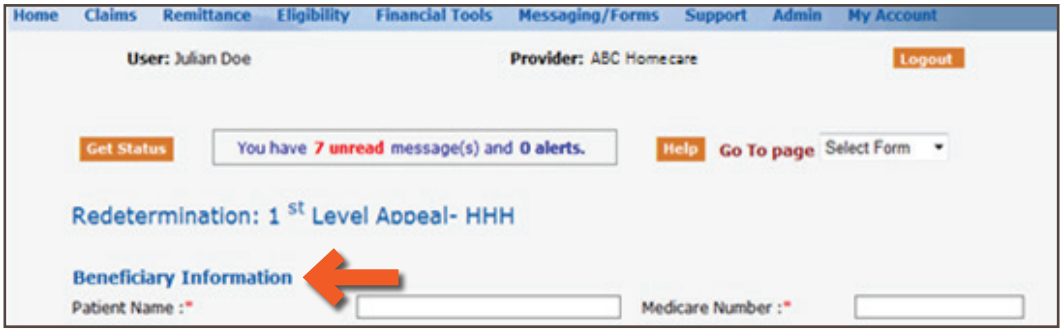

Select a Topic: Appeals
Select a Type: First level appeal on a Medicare Claim
To verify you are within timely filing requirements for this Appeal, please use our Appeals Calculator.
Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No
Redetermination: 1st Level Appeal (EA-J15-HHH-1000)

The myCGS 'Redetermination 1st Level Appeal' form will appear. There are four sections to the form: 1) Beneficiary Information; 2) Provider Information; 3) Claims Information; and 4) Attachments. Each field marked with a red asterisk is a required field.

'Beneficiary Information' Section

You must complete the following Beneficiary Information fields to submit your redetermination request using myCGS:

- **Patient Name**
- **Medicare Number**



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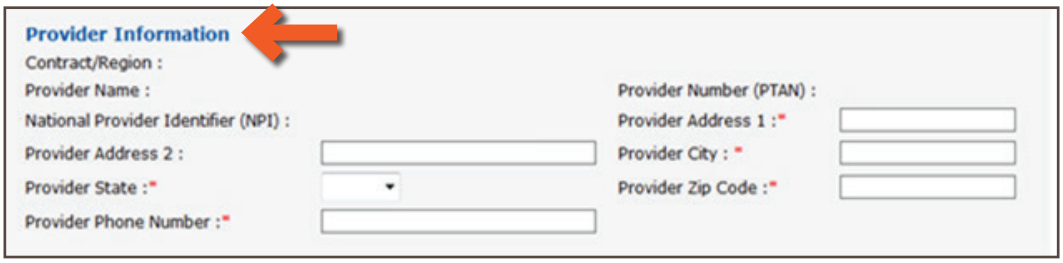
'Provider Information' Section

The Contract/Region, Provider Name, Provider Number (PTAN) and National Provider Identifier (NPI) fields default based on your User ID. You must complete the following fields:

- **Provider Address 1**
- **Provider Address 2** (optional field)
- **Provider City**
- **Provider State**
- **Provider Zip Code**
- **Provider Phone Number**



'Claims Information' Section

- **Service Date From** - This is the FROM date on the denied claim.
- **Service Date To** - This is the TO date on the denied claim.
- **Date of Initial Determination** - This is the date on your remittance advice for the denied claim.
- **Claim DCN** – This is the document control number (DCN) of the original claim you are appealing. The DCN is available from your remittance advice.
- **Denied Services** – Enter what services you are appealing (denied PT visit, reduced level of care, etc.). If you are appealing an entire claim that was denied, enter "denied home health claim" or "denied hospice claim." Click "Add", "Remove" or "Clear All" to add, remove or delete the information entered.
- **Is there an Overpayment Appeal?** – If you are appealing a claim for which an overpayment was assessed by Medical Review (MR), Zone Program Integrity Contractor (ZPIC), the Comprehensive Error Rate Testing (CERT) Program, the Recovery Auditor (RA) or another audit program, select "Yes."
- **Reasons/Rationale** – Enter the reason/rationale for the appeal

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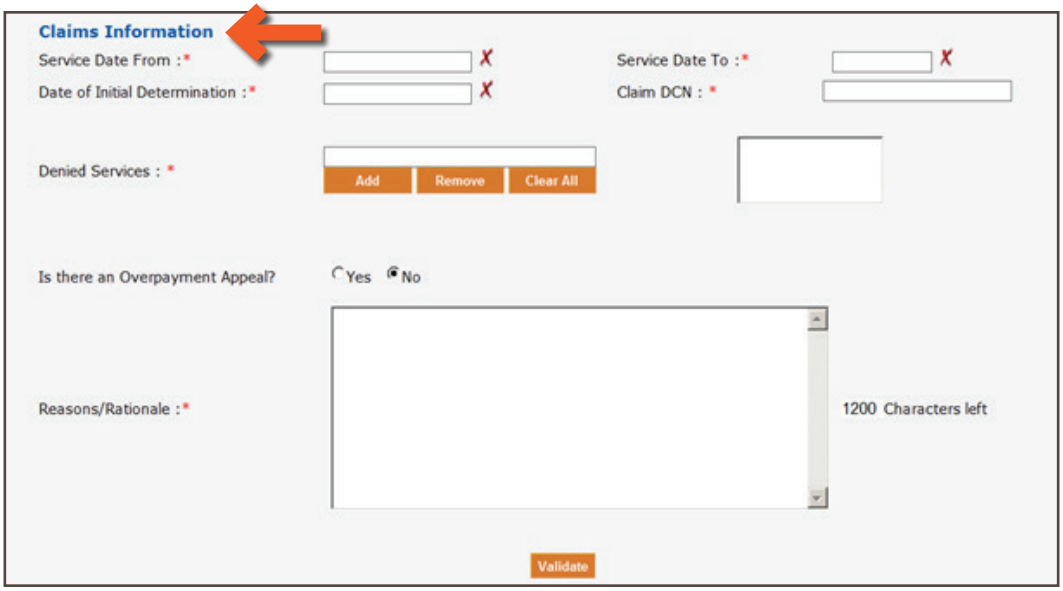
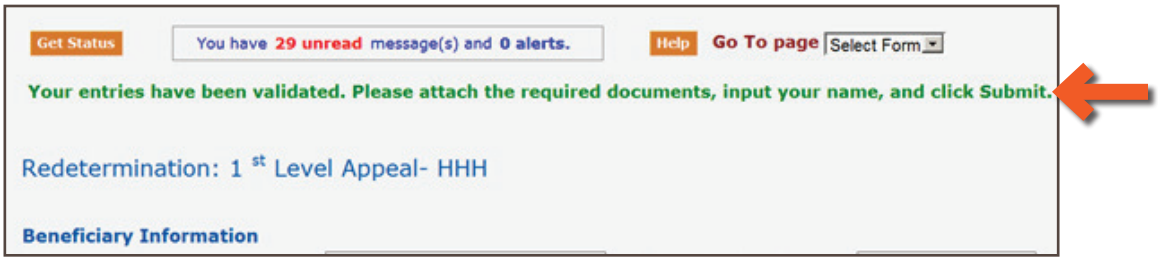


Once all information is entered, click 'Validate.' myCGS will validate the information entered for completeness and accuracy. If information is missing or invalid, you will receive a message indicating the information that must be corrected. If the information was complete and correct, you will see a message at the top of the screen, indicating "Your entries have been validated. Please attach the required documents, input your name, and click Submit."


Get Status
You have 29 unread message(s) and 0 alerts.
Help
Go To page
Select Form
Your entries have been validated. Please attach the required documents, input your name, and click Submit.
Redetermination: 1 st Level Appeal- HHH
Beneficiary Information

'Attachments' Section

The 'Attachments' section of the Redetermination form allows you to attach documentation (e.g., medical records, notes, orders, etc.) you would like CGS to consider when processing your redetermination request. You can attach up to five documents. Attachments can be up to 40MBs in size, not to exceed to total of 150MBs for all attachments. The documents must be in a PDF format.

To add an attachment, select the "Browse" button, and a window will open allowing you to locate the document you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach.

Note: At least one attachment is required to submit the Form.

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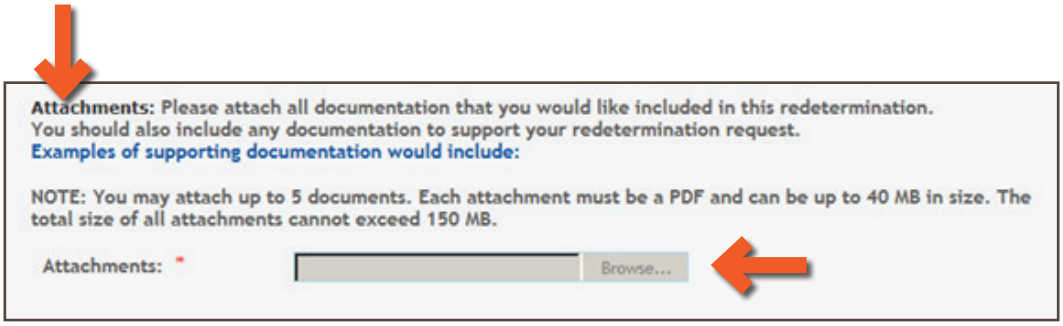
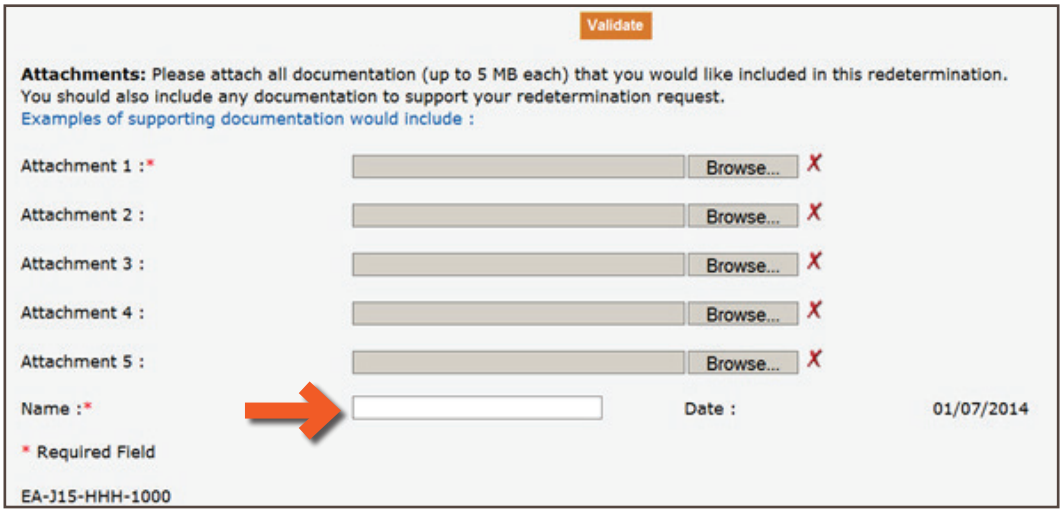
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)


Attachments: Please attach all documentation that you would like included in this redetermination.
You should also include any documentation to support your redetermination request.
Examples of supporting documentation would include:
NOTE: You may attach up to 5 documents. Each attachment must be a PDF and can be up to 40 MB in size. The total size of all attachments cannot exceed 150 MB.
Attachments: *
Browse...

Below the 'Attachments' section is the 'Name' field. The name of the person completing the form must be entered into this field.


Validate
Attachments: Please attach all documentation (up to 5 MB each) that you would like included in this redetermination.
You should also include any documentation to support your redetermination request.
Examples of supporting documentation would include :
Attachment 1 :*
Attachment 2 :
Attachment 3 :
Attachment 4 :
Attachment 5 :
Browse...
Name :*
Date :
01/07/2014
* Required Field
EA-J15-HHH-1000

Submitting a Redetermination Request Form

Once all requested information has been entered, and all necessary documents have been attached, click on the "Submit" button.

An 'e-signature' box will appear, asking you to verify that the information entered and attachments are correct. This ensures the signature requirement for all

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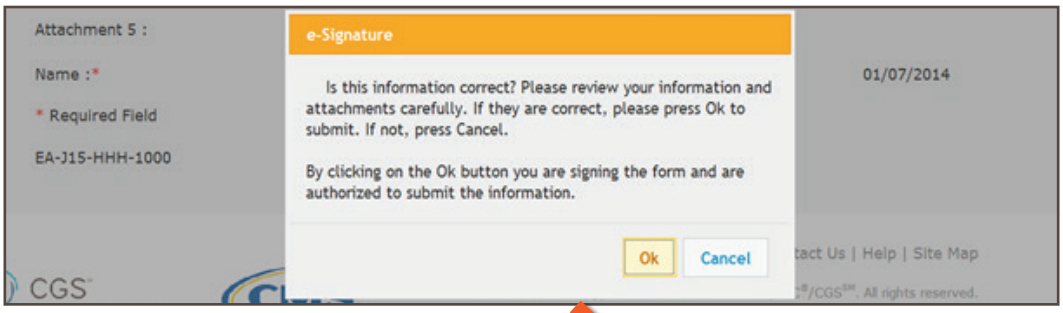
redetermination requests has been met.


Attachment 5 :
Name :*
* Required Field
EA-J15-HHH-1000
e-Signature
Is this information correct? Please review your information and attachments carefully. If they are correct, please press Ok to submit. If not, press Cancel.
By clicking on the Ok button you are signing the form and are authorized to submit the information.
Ok
Cancel
01/07/2014
CGS

If the information was entered correctly, and all desired attachments were included, click 'OK' to submit the Redetermination form and all attachments.

If any information needs to be corrected, or if any attachments need to be added or deleted, click 'Cancel' to return to the form.

REDETERMINATION SUBMISSION MESSAGE AND SUBMISSION ID

After submitting the redetermination form, you will receive a message in your myCGS inbox. You can access the message by either clicking on the *Messages* tab located in the menu, or clicking the link displayed in the *Message Bar*.

The message will contain a Subject indicating "Secure Form Received" to advise you that your redetermination request has been received. It will not display a 'Submission ID' until one has been assigned by CGS.

Once CGS has assigned the Submission ID, you will receive another message with a link "Secure Form Confirmation" under the Subject column. Click on this link to view the message. The message identifies the Submission ID assigned to your redetermination request, and includes instructions on how to check the status.

CHECKING THE STATUS OF A REDETERMINATION REQUEST

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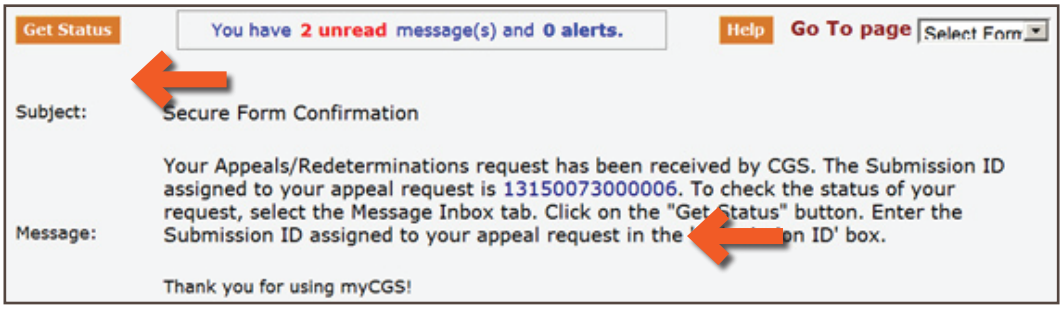
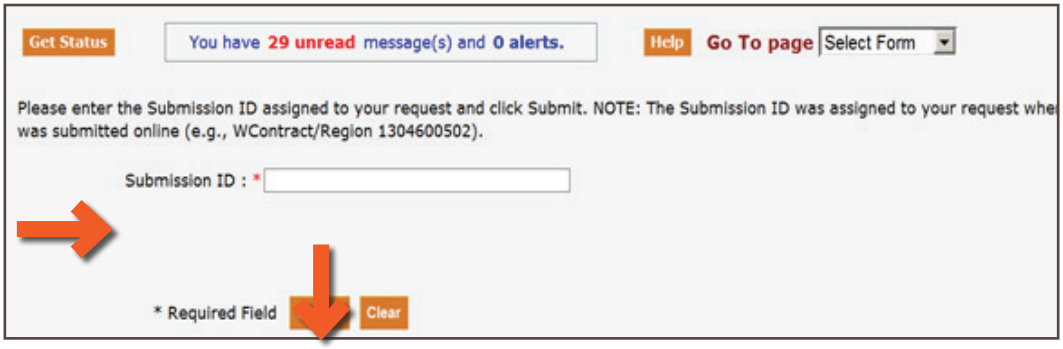
The message with the Submission ID assigned to the redetermination instructs you on how to view the status of your request. You can check the status from this screen by either selecting the *Get Status* button or clicking on the Submission ID in the message.

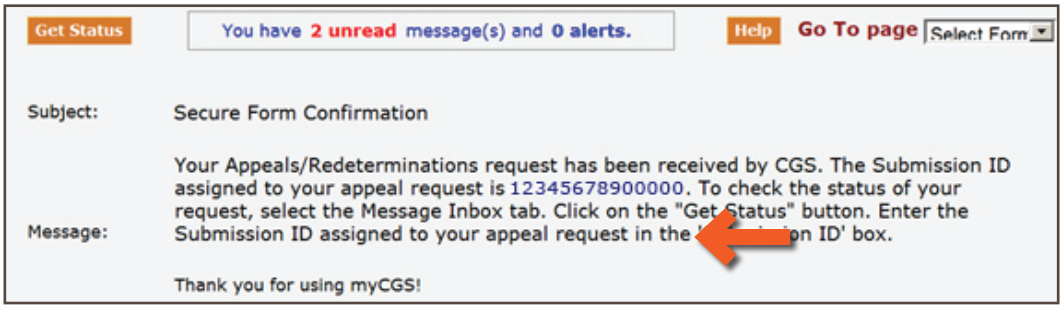

Get Status
You have 2 unread message(s) and 0 alerts.
Help
Go To page
Select Form
Subject:
Secure Form Confirmation
Message:
Your Appeals/Redeterminations request has been received by CGS. The Submission ID assigned to your appeal request is 13150073000006. To check the status of your request, select the Message Inbox tab. Click on the "Get Status" button. Enter the Submission ID assigned to your appeal request in the
on ID' box.
Thank you for using myCGS!

If you check the status by selecting the *Get Status* button, you must enter the Submission ID assigned to your redetermination in the 'Submission ID' field, and click 'Submit.'


Get Status
You have 29 unread message(s) and 0 alerts.
Help
Go To page
Select Form
Please enter the Submission ID assigned to your request and click Submit. NOTE: The Submission ID was assigned to your request whe
was submitted online (e.g., WContract/Region 1304600502).
Submission ID : *
* Required Field
Clear

VIEWING REDETERMINATION DOCUMENTS

Whether you check the status by clicking the *Get Status* button or by selecting the Submission ID within the message, myCGS displays the status of your redetermination request. It also gives you the option to view the Redetermination form you completed and any documents you attached to your request. Simply click on the Submission ID that appears in the message.


Get Status
You have 2 unread message(s) and 0 alerts.
Help
Go To page
Select Form
Subject:
Secure Form Confirmation
Message:
Your Appeals/Redeterminations request has been received by CGS. The Submission ID assigned to your appeal request is 12345678900000. To check the status of your request, select the Message Inbox tab. Click on the "Get Status" button. Enter the Submission ID assigned to your appeal request in the
on ID' box.
Thank you for using myCGS!

A page will appear with the information entered on the redetermination form, including the beneficiary information, the provider information, and the claim

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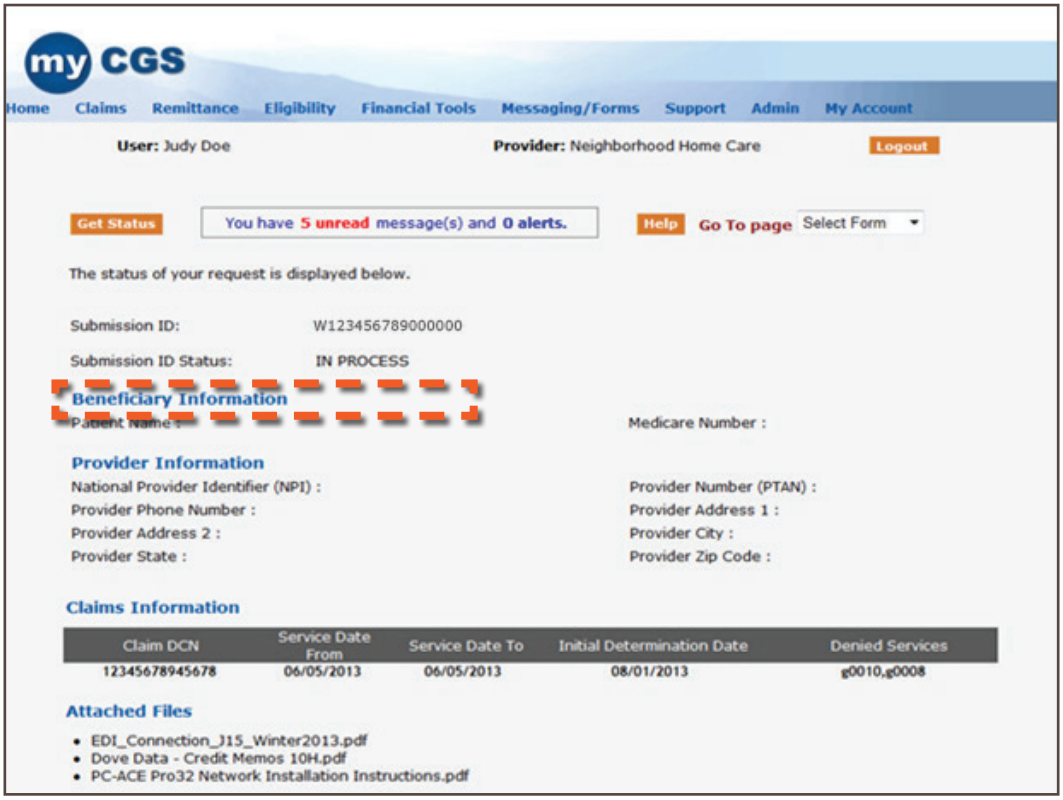
information. The status will appear in the "Submission ID Status" field.

The files that were attached with the redetermination form will appear under the 'Attached Files' header, however, the attachments themselves, cannot be viewed from myCGS.



Once review of your appeal request has been completed, and a determination has been made by CGS's Appeals Department, you will receive another message with the Subject 'Secure Form Completed.'

SUBMITTING AN E-OFFSET REQUEST

The *Forms* tab option within myCGS also allows Users to submit an electronic authorization to offset from a pending overpayment due to CGS using an electronic eOffset Request Form. Providers may request an immediate offset each time a demanded overpayment is received, or authorize a permanent request for all future demanded overpayments. Users may also monitor the status of their requests using this option.

Accessing the myCGS e-Offset Form

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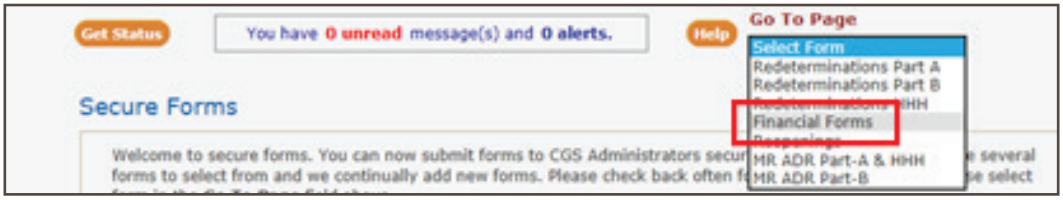
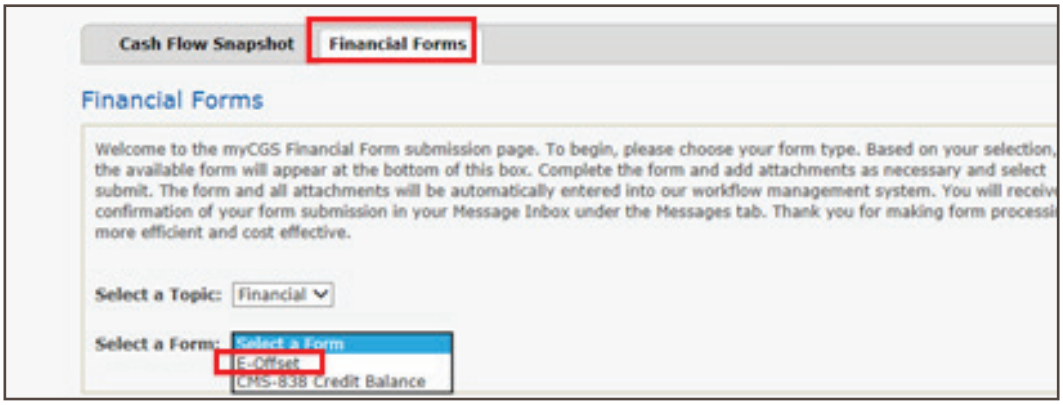
Once you access the Forms tab, in the "Go To page" field, click the drop-down box and select 'Financial Forms.'

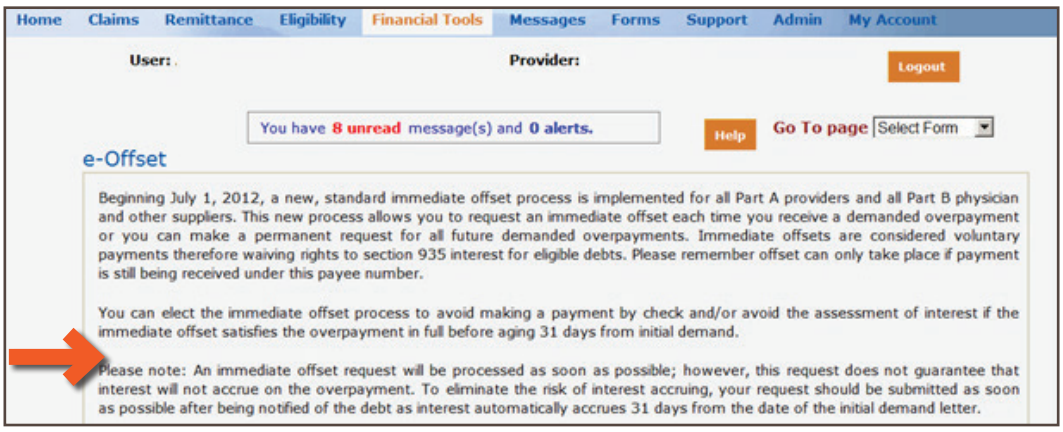


You can also access the e-Offset form by selecting the 'Financial Tools' tab and then the *Financial Forms* sub-tab. Here you will find the options *Select a Topic* and *Select a Form*. The 'Select a Topic' field will default to "Financial," as this is currently the only option available. Under the 'Select a Form' drop-down, click on the 'eOffset' option to load the form.


Cash Flow Snapshot
Financial Forms
Financial Forms
Welcome to the myCGS Financial Form submission page. To begin, please choose your form type. Based on your selection,
Select a Topic:
Financial
Select a Form:
Select a Form
E-Offset
CMS-838 Credit Balance

Completing the Immediate Offset Form (e-Offset)

Once you select the form, the myCGS 'eOffset' page will appear. This page explains the immediate offset process and provides critical timeframes that must be considered prior to submitting a request.


Home
Claims
Remittance
Eligibility
Financial Tools
Messages
Forms
Support
Admin
My Account
User:
Provider:
Logout
You have 8 unread message(s) and 0 alerts.
Help
Go To page
Select Form
e-Offset
Beginning July 1, 2012, a new, standard immediate offset process is implemented for all Part A providers and all Part B physician and other suppliers. This new process allows you to request an immediate offset each time you receive a demanded overpayment or you can make a permanent request for all future demanded overpayments. Immediate offsets are considered voluntary payments therefore waiving rights to section 935 interest for eligible debts. Please remember offset can only take place if payment is still being received under this payee number.
You can elect the immediate offset process to avoid making a payment by check and/or avoid the assessment of interest if the immediate offset satisfies the overpayment in full before aging 31 days from initial demand.
Please note: An immediate offset request will be processed as soon as possible; however, this request does not guarantee that interest will not accrue on the overpayment. To eliminate the risk of interest accruing, your request should be submitted as soon as possible after being notified of the debt as interest automatically accrues 31 days from the date of the initial demand letter.

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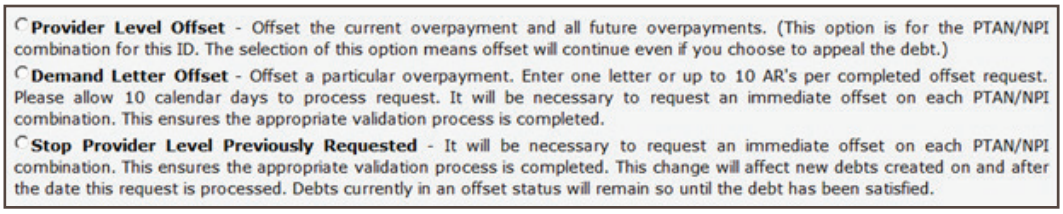
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

There are three different forms available:

- **Provider Level Offset:** This option is selected to establish immediate offsets for any current and future overpayments.
- **Demand Letter Offset:** This option is selected if you have received a demand letter from CGS requesting an overpayment be returned.
- **Stop Provider Level Previously Requested:** Select this option to cancel a request.


Provider Level Offset - Offset the current overpayment and all future overpayments. (This option is for the PTAN/NPI combination for this ID. The selection of this option means offset will continue even if you choose to appeal the debt.)
Demand Letter Offset - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.
Stop Provider Level Previously Requested - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

Once you select an option, a disclaimer box will display to confirm timeframes and to ensure the User has selected the correct form.

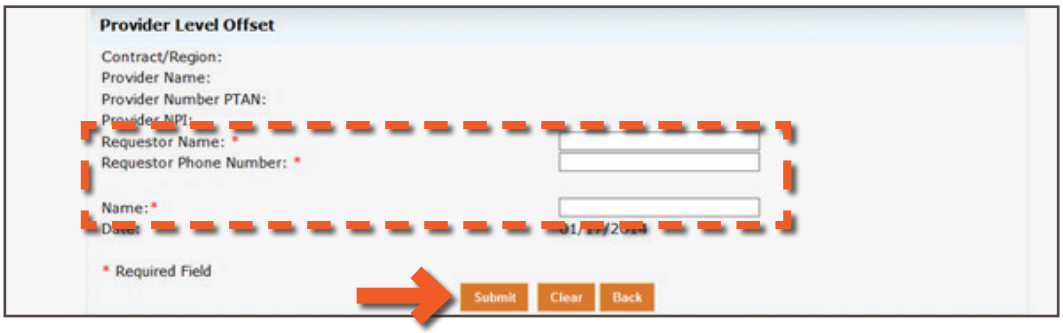
Provider Level Offset
Please note you are requesting provider level offset for this PTAN/NPI ID combination only.
If you have additional PTAN/NPI combinations, you must submit under specific ID.
Accept
Cancel
Demand Letter Offset
Please note it will be necessary to request an immediate offset on each PTAN/NPI combination.
This ensures the appropriate validation process is completed.
Ok
Cancel
Stop Provider Level Offset Previously Requested
Please allow 10 calendar days to process request. This change will affect new debts created on and after the date this request is processed. Debts currently in an Offset status will remain so until the debt has been satisfied.
Ok
Cancel

PROVIDER LEVEL OFFSET

After you accept the disclaimer, the Provider Level Offset form will display. The *Contract/Region, Provider Name, Provider Number PTAN,* and *Provider NPI* fields will show pre-populated and identify the User's information. You must complete the following fields to submit your eOffset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Name**

After completing all required fields, click *Submit* to submit the form.



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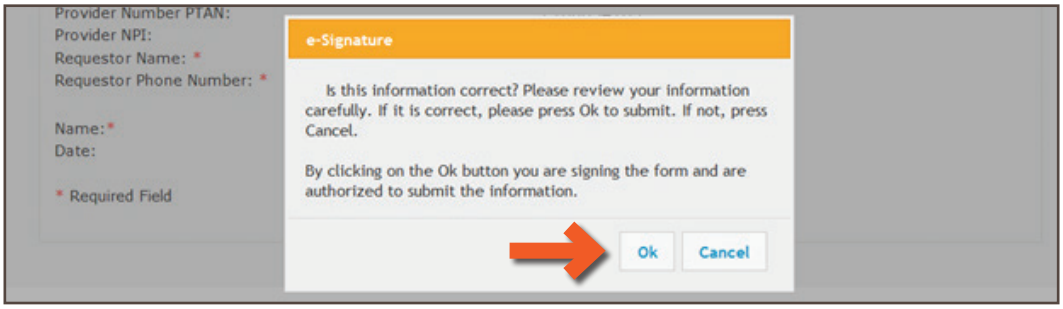
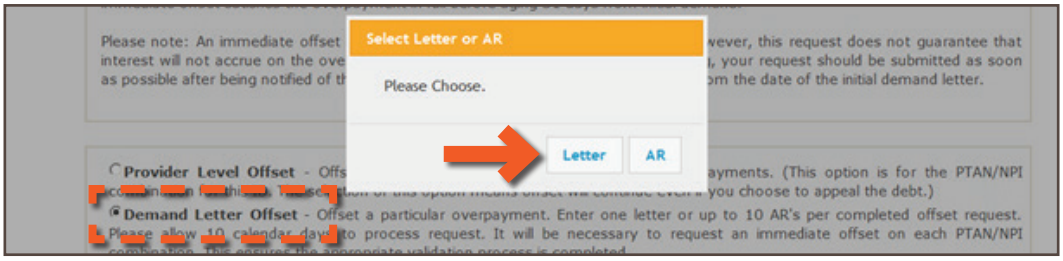
An 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.


Provider Number PTAN:
Provider NPI:
Requestor Name: *
Requestor Phone Number: *
Name: *
Date:
* Required Field
e-Signature
Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.
By clicking on the Ok button you are signing the form and are authorized to submit the information.
Ok
Cancel

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the eOffset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

Demand Letter Offset

After you accept the disclaimer, a window will appear allowing you to submit your request based on either the offset letter you received from CGS or up to 10 Accounts Receivable (AR) numbers identified on an attachment to the demand letter.


Select Letter or AR
Please Choose.
Letter
AR
Provider Level Offset
Demand Letter Offset - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request.

Letter Option

Selecting the *Letter* option allows you to enter the number identified in the upper-right of the demand letter to request the immediate offset.

Once the form for this option displays, you will find the *Contract/Region, Provider Name, Provider Number PTAN* and *Provider NPI* fields will show pre-populated and

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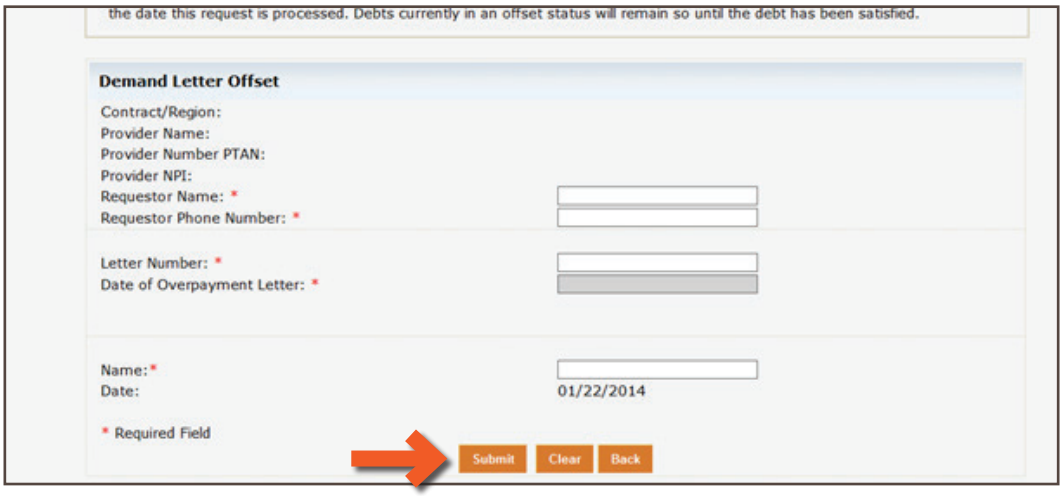
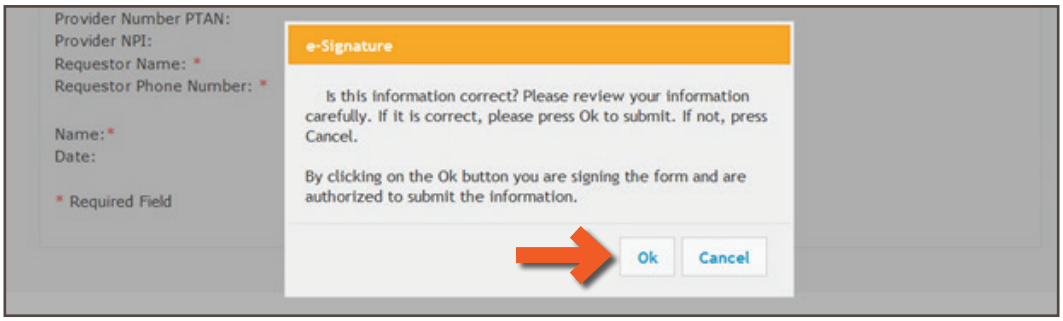
identify the User's information. You must complete the following fields to submit your eOffset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Letter Number**
- **Name**



After completing all required fields, click *Submit* to submit the form. An 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.


Provider Number PTAN:
Provider NPI:
Requestor Name: *
Requestor Phone Number: *
Name:*
Date:
* Required Field
e-Signature
Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.
By clicking on the Ok button you are signing the form and are authorized to submit the information.
Ok
Cancel

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the eOffset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

AR Option

Selecting the *AR* option allows you to request an immediate offset using the AR number assigned to the request.

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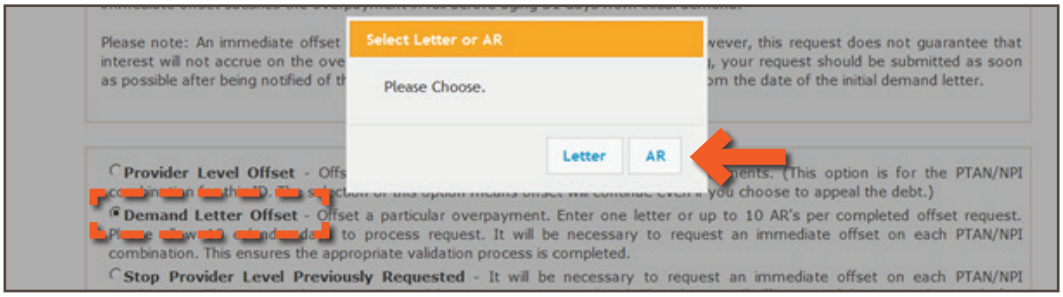
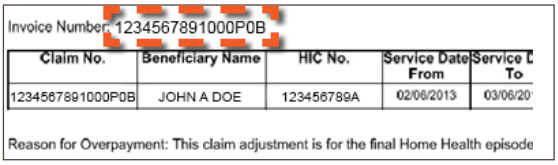
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)


Select Letter or AR
Please Choose.
Letter
AR
Provider Level Offset
Demand Letter Offset - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request.
combination. This ensures the appropriate validation process is completed.
Stop Provider Level Previously Requested - It will be necessary to request an immediate offset on each PTAN/NPI

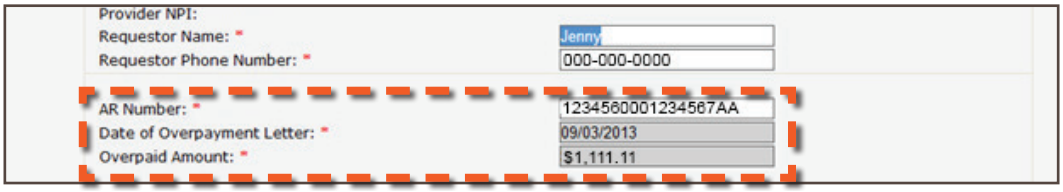
Using the AR option will allow you to enter up to 10 AR numbers, which are identified on an attachment to the demand letter to request an immediate offset.



Once the form for this option displays, you will find the *Contract/Region, Provider Name, Provider Number PTAN,* and *Provider NPI* fields will show pre-populated and identify the User's information. You must complete the following fields to submit your eOffset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **AR Number**
- **Name**

Upon entering the AR number, the *Date of Overpayment Letter* and *Overpaid Amount* field with auto-populate.



Once all fields are completed, click the "Add AR Details" button. All information will be added to the form. Enter additional ARs if submitting a request for more than one AR under the PTAN/NPI. Up to 10 ARs may be entered on the same form. If at any time the information is entered incorrectly, click the "Reset AR Details" button and re-enter the information. After entering all ARs, click the "Submit" button.

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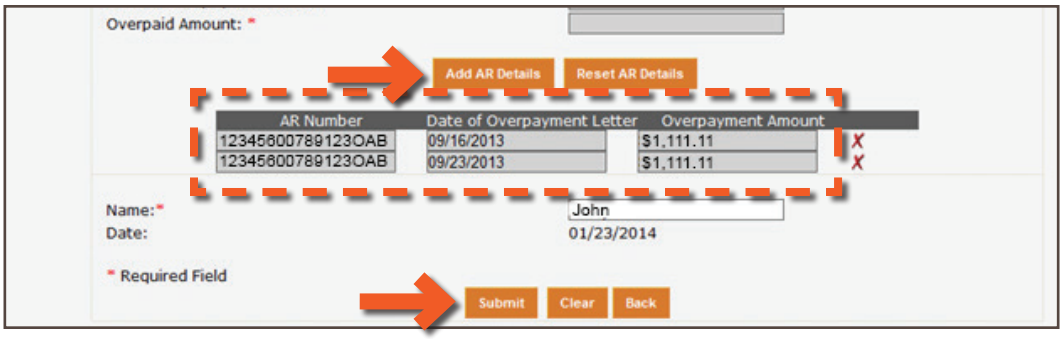
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)



After clicking the SUBMIT button to submit the form, an 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.

Provider NPI:
Requestor Name: *
Requestor Phone Number: *
Name:*
Date:
* Required Field
e-Signature
Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.
By clicking on the Ok button you are signing the form and are authorized to submit the information.
Ok
Cancel

Upon submitting the form, a message box will ask if there are additional ARs to enter. If so, press ADD. (myCGS will submit the ARs you entered then take you back to the form to enter more.) If there are no additional ARs to be entered, press SUBMIT.

Provider NPI:
Requestor Name: *
AR Number: *
Overpaid Amount: *
e-Signature
Do you have additional ARs to enter? If so, press ADD to continue. If you are done, press SUBMIT.
ADD
SUBMIT

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the eOffset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

Stop Provider Level Offset Previously Requested

Upon accepting the disclaimer, the *Stop Provider Level Previously Requested* form will display. The *Contract/Region, Provider Name, Provider Number PTAN,* and *Provider NPI*

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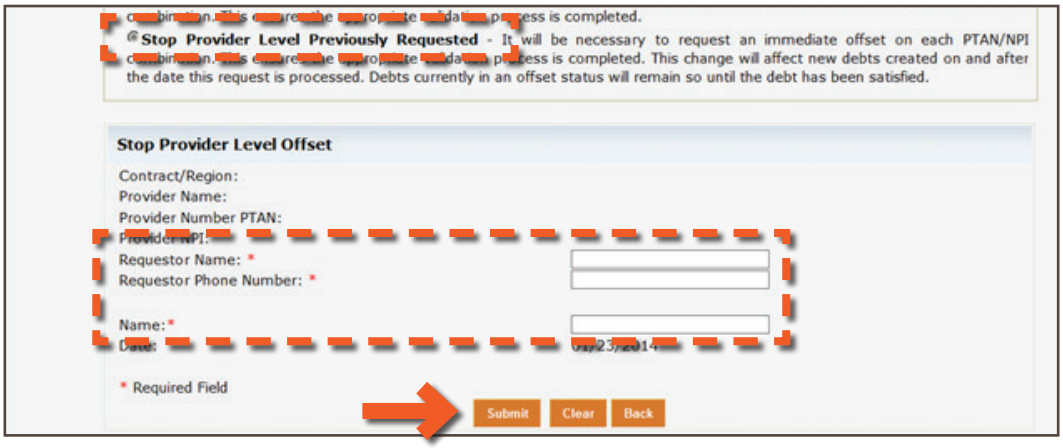
fields will show pre-populated and identify the User's information. You must complete the following fields to submit your eOffset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Name**


Stop Provider Level Previously Requested - It will be necessary to request an immediate offset on each PTAN/NPI
the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.
Stop Provider Level Offset
Contract/Region:
Provider Name:
Provider Number PTAN:
Requestor Name: *
Requestor Phone Number: *
Name: *
* Required Field
Submit
Clear
Back

After clicking the SUBMIT button to submit the form, an 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.

Provider NPI:
Requestor Name: *
Requestor Phone Number: *
Name: *
Date:
* Required Field
e-Signature
Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.
By clicking on the Ok button you are signing the form and are authorized to submit the information.
Ok
Cancel

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the e-Offset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

Checking the Status of an e-Offset Request

The message with the Submission ID assigned to the eOffset provides instructions on how to view the status of your request. You can check the status from this screen by selecting the Submission ID in the message. The status can also be tracked by clicking the *Get Status* button located on the upper-right of your inbox.

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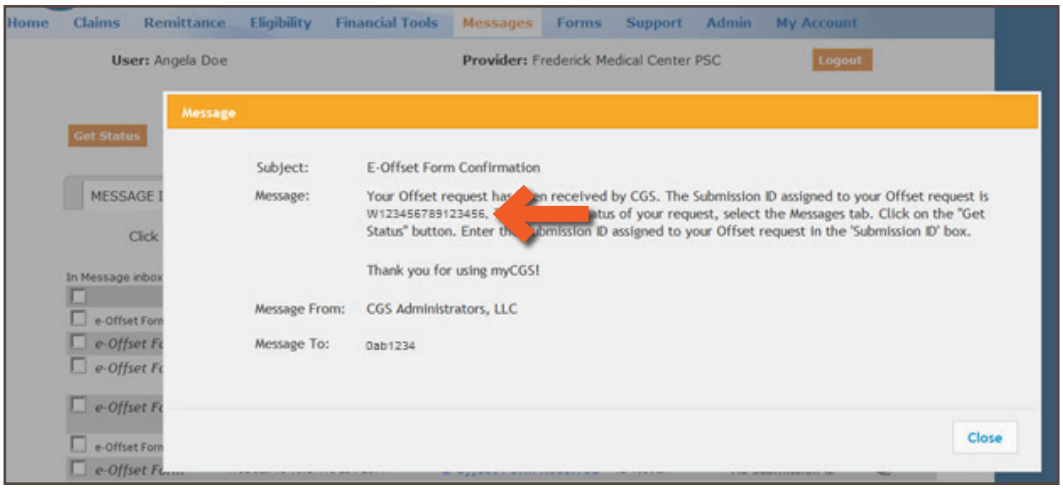
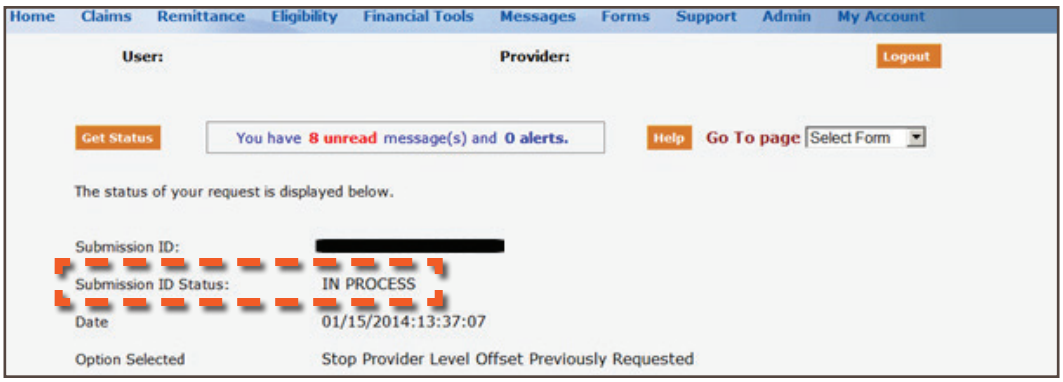
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)


Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account
User: Angela Doe
Provider: Frederick Medical Center PSC
Logout
Get Status
Message
Subject: E-Offset Form Confirmation
Message: Your Offset request has been received by CGS. The Submission ID assigned to your Offset request is W123456789123456. To check the status of your request, select the Messages tab. Click on the "Get Status" button. Enter the Submission ID assigned to your Offset request in the 'Submission ID' box.
Thank you for using myCGS!
Message From: CGS Administrators, LLC
Message To: Dab1234
Close

If you check the status by selecting the *Get Status* button, you must enter the Submission ID assigned to your eOffset request in the 'Submission ID' field, and click 'Submit.'

Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account
User:
Provider:
Logout
Get Status
You have 8 unread message(s) and 0 alerts.
Help
Go To page Select Form
Please enter the Submission ID assigned to your request and click Submit. NOTE: The Submission ID was assigned to your request when it was submitted online (e.g., WContract/Region [redacted]).
Submission ID : *[redacted]
* Submit Clear

A page will display with the Submission ID, the status of the request, the date/time the request was received, the type of eOffset request submitted and the User's information.


Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account
User:
Provider:
Logout
Get Status
You have 8 unread message(s) and 0 alerts.
Help
Go To page Select Form
The status of your request is displayed below.
Submission ID: [redacted]
Submission ID Status: IN PROCESS
Date 01/15/2014:13:37:07
Option Selected Stop Provider Level Offset Previously Requested

Once your eOffset request is processed and completed, you will receive another message with the Subject 'Secure Form Completed' in your message inbox.

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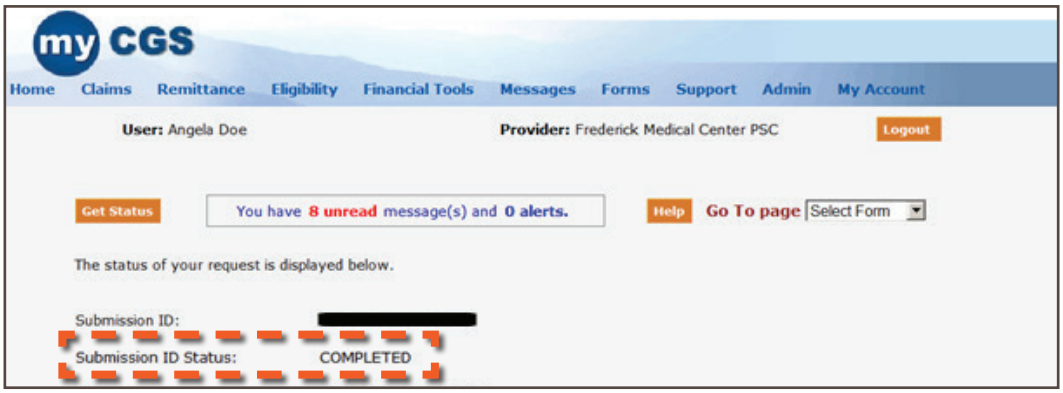
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)



Responding to Medical Review Additional Documentation Requests

The *Forms* tab within myCGS includes an option to allow users to submit documentation in response to additional development requests (ADRs) received from our medical review (MR) department. (Identified by Reason Code 39700.) This option is offered as a convenience to you to facilitate an accurate and timely response to our requests. Responses to MR ADRs must be received within 45 days of the date on the request.

ACCESSING THE MR ADR RESPONSE FORM

Once you access the 'Forms' tab, in the 'Go To Page' field, click the drop-down box and select 'MR ADR'. *(You can also access the form from the 'Go To Page' field located under the 'Claims' and 'Messages' tabs.)*

my CGS
Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account
User:
Provider:
Logout
Get Status
You have 1 unread message(s) and 0 alerts.
Help
Go To Page
Select Form
Redeterminations
E-Offset
MR ADR
Secure Forms
Welcome to secure forms. You can now submit forms to CGS Administrators securely through myCGS. We have several forms to select from and we continually add new forms. Please check back often for new forms! To begin, please select form

Once you are on the MR ADR landing page, click the link to access the form.

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CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

MR ADR

Beginning January 2015, a new process will be implemented for all Part A, B, and HHH providers, physicians, and other suppliers. On occasion, CGS' Medical Review areas need additional documentation for submitted claims. CGS will send the provider a letter requesting the additional documentation. This new process allows you to submit requested documentation to us electronically.

There may be required information that is necessary in order to submit this documentation. Most of the information can be obtained from the ADR sent to you.

You may attach up to five PDF attachments. Each attachment can be up to 5MB in size. The forms and attachments are automatically entered in our workflow. This makes form processing more efficient and cost effective.

MR ADR: MR-J15-HHH-3000

COMPLETING THE MR ADR RESPONSE FORM

When completing the MR ADR Response form, please be sure to view the ADR on FISS Page 07 to help ensure the form is completed accurately.

```
REPORT: 001                MEDICARE PART A 15004        PVDR NO   : 7777777777
DATE   : 02/05/2015    ADDITIONAL DEVELOPMENT REQUEST    BILL TYPE: XXX
CASE ID: 15004XXXXXXXXXXXXXXIAR
                    A GOOD AGENCY
                    123 MAIN STREET
                    ANYTIME             IA 50309 1234

WE HAVE REVIEWED THIS CLAIM RECORDS AND FOUND THAT ADDITIONAL DEVELOPMENT
WILL BE NECESSARY BEFORE PROCESSING CAN BE FINALIZED.  TO ASSIST YOU IN
PROVIDING THE REQUIRED INFORMATION, WE HAVE ASSIGNED REASON CODES TO THE
AFFECTED CLAIM RECORD (SEE BELOW) FOR YOUR REVIEW.  PLEASE REFER TO THE
ACCOMPANYING LIST FOR EXPLANATION OF THE ASSIGNED CODES. WE MUST RECEIVE
THE REQUESTED INFORMATION BEFORE THE DUE DATE LISTED BELOW
                    CGS J15 MAC
                    J15 – HHH CORRESPONDENCE
                    P O BOX XXXX
                    NASHVILLE             TN 37202

PATIENT CNTRL NBR:                          DUE DATE: 03/23/2015
MEDICAL REC NO:                      DCN: 21415123456789PAR
HIC: XXXXXXXXXA    PATIENT NAME: BEN E      FICIARY
FROM DATE: 02/02/2015  THRU DATE: 02/02/2015  OPR/MED ANALYST:
TOTAL CHARGES:     2500.00      ORIG REQ DT: 02/05/2015  CLM RCPT DT: 02/03/2015
      PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF8-NEXT  PF9-UPDT
```

Once you select the link from the landing page, the myCGS 'MR ADR Response' form will load. There are four sections to the form: 1) Provider Information; 2) Patient & Claims Information; 3) Attachments; and 4) Electronic Signature. Each field marked with a RED asterisk (*) is required.

'Provider Information' Section

This section will be pre-populated based on your myCGS account.

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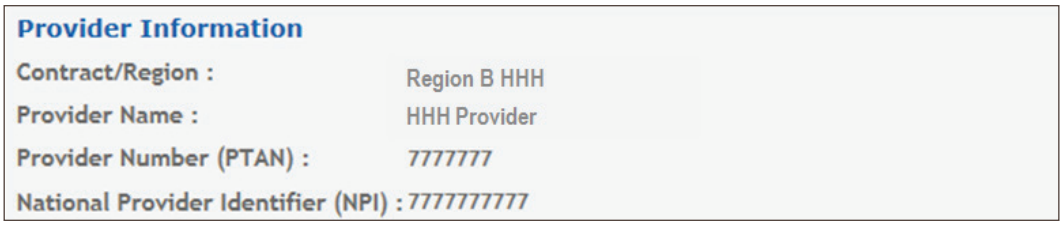
CHAPTER 7

'Forms' Tab (for Home Health & Hospice Providers)


Provider Information
Contract/Region : Region B HHH
Provider Name : HHH Provider
Provider Number (PTAN) : 7777777
National Provider Identifier (NPI) : 7777777777

'Patient & Claims Information' Section

You must complete the following fields:

- **Health Insurance Claim (HIC) Number**
- **Document Control Number (DCN):** The DCN is located on FISS Page 07.

Once all information is entered, click 'Validate'. myCGS will validate the information entered for completeness and accuracy. If information is missing or invalid, you will receive a message identifying the fields that must be corrected. If the information is complete and correct, you will see this message at the top of the screen:

Get Status
You have 2 unread message(s) and 0 alerts.
Help
Go To Page
Select Form
Your entries have been validated. Please attach the required documents, input your name, and click Submit.
MR ADR Response J15 HHH

'Attachments' Section

This section of the MR ADR Response form allows you to attach the documentation requested in the ADR (e.g., medical records, operative/radiology reports) directly to the form. You can attach up to 5 documents (up to 5 MB each). The documents must be in a PDF format. *NOTE: At least ONE document must be attached to the form.*

To add an attachment, select the 'Browse' button and a window will open allowing you to locate the document within your system that you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach. Click the RED 'X' to remove an attachment.

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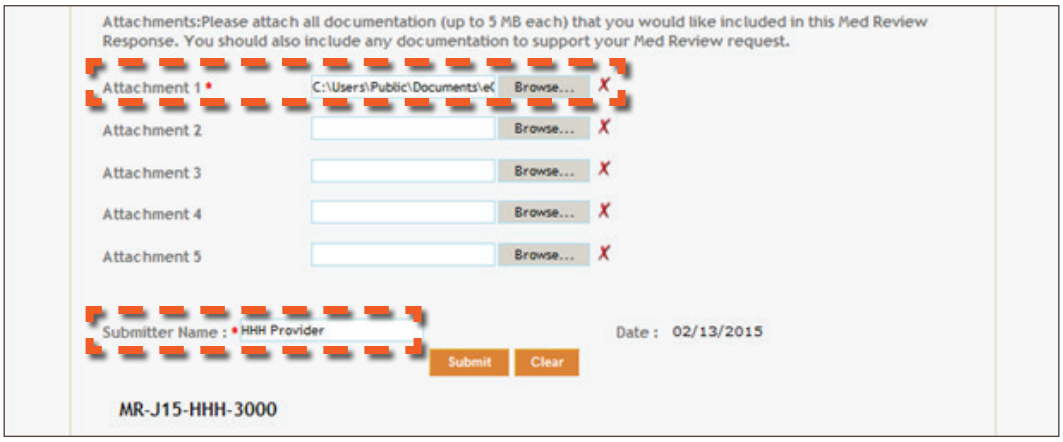
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

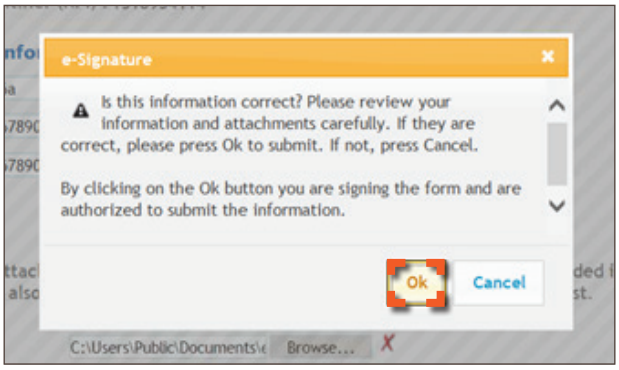

Attachments:Please attach all documentation (up to 5 MB each) that you would like included in this Med Review Response. You should also include any documentation to support your Med Review request.
Attachment 1 *
C:\Users\Public\Documents\e
Browse...
Attachment 2
Attachment 3
Attachment 4
Attachment 5
Submitter Name : * HHH Provider
Date : 02/13/2015
Submit
Clear
MR-J15-HHH-3000

Below the 'Attachments' section is the 'Name' field. The first and last name of the person authorized to complete the form must be entered into this field.

SUBMITTING THE MR ADR RESPONSE FORM

Once all information has been entered, the form validated and all necessary documents have been attached, click the 'Submit' button.

An 'e-Signature' box will display, asking you to verify that the information entered and attachments are correct. Clicking 'OK' also allows you to electronically sign the form.


e-Signature
Is this information correct? Please review your information and attachments carefully. If they are correct, please press Ok to submit. If not, press Cancel.
By clicking on the Ok button you are signing the form and are authorized to submit the information.
Ok
Cancel
C:\Users\Public\Documents\
Browse...

If corrections are needed to the form or if any attachments need to be added or deleted, click 'Cancel' to return to the form.

After submitting the form, you will be taken to the *Messages* tab where you will receive a message confirming receipt of the MR ADR Response form. A second message will be sent, which will include a Submission ID assigned to your request.

This is confirmation that the form was accepted and will be the final message received. *NOTE: The second message can take up to 24hrs. to be received.*

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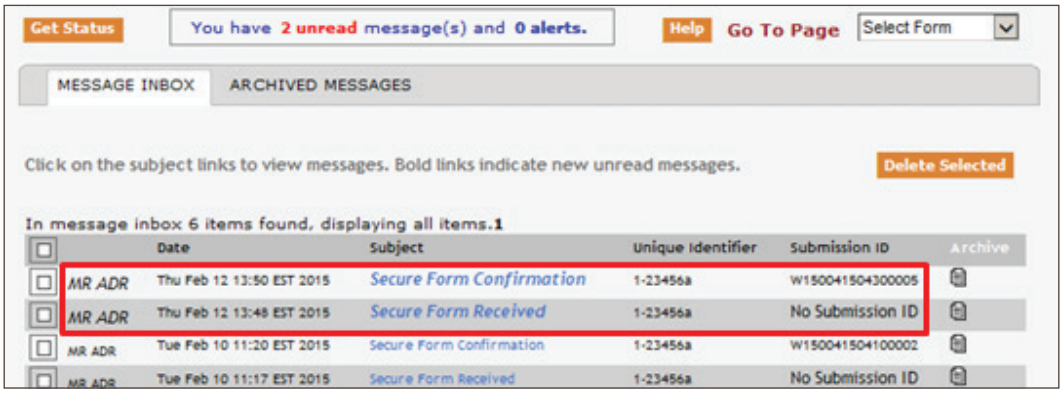
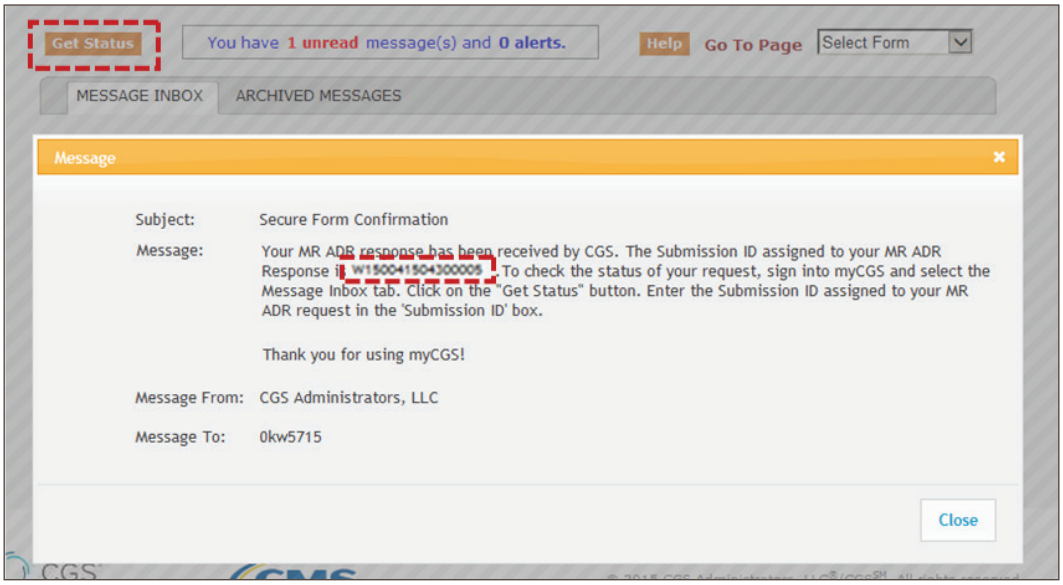
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)



Selecting the second message with the Submission ID assigned to the form provides instructions on how to view the status of your request. Once the message is open click on the Submission ID in the message, or select the 'Get Status' button located in the upper-left of the screen and entering the Submission ID.


Get Status
You have 1 unread message(s) and 0 alerts.
Help
Go To Page
Select Form
MESSAGE INBOX
ARCHIVED MESSAGES
Message
Subject:
Secure Form Confirmation
Message:
Your MR ADR response has been received by CGS. The Submission ID assigned to your MR ADR Response is W150041504300005. To check the status of your request, sign into myCGS and select the Message Inbox tab. Click on the "Get Status" button. Enter the Submission ID assigned to your MR ADR request in the 'Submission ID' box.
Thank you for using myCGS!
Message From:
CGS Administrators, LLC
Message To:
0kw5715
Close

The details of the MR ADR Response form submitted will display. It will show a 'CONFIRMED' status, confirming the MR ADR Response form was accepted.

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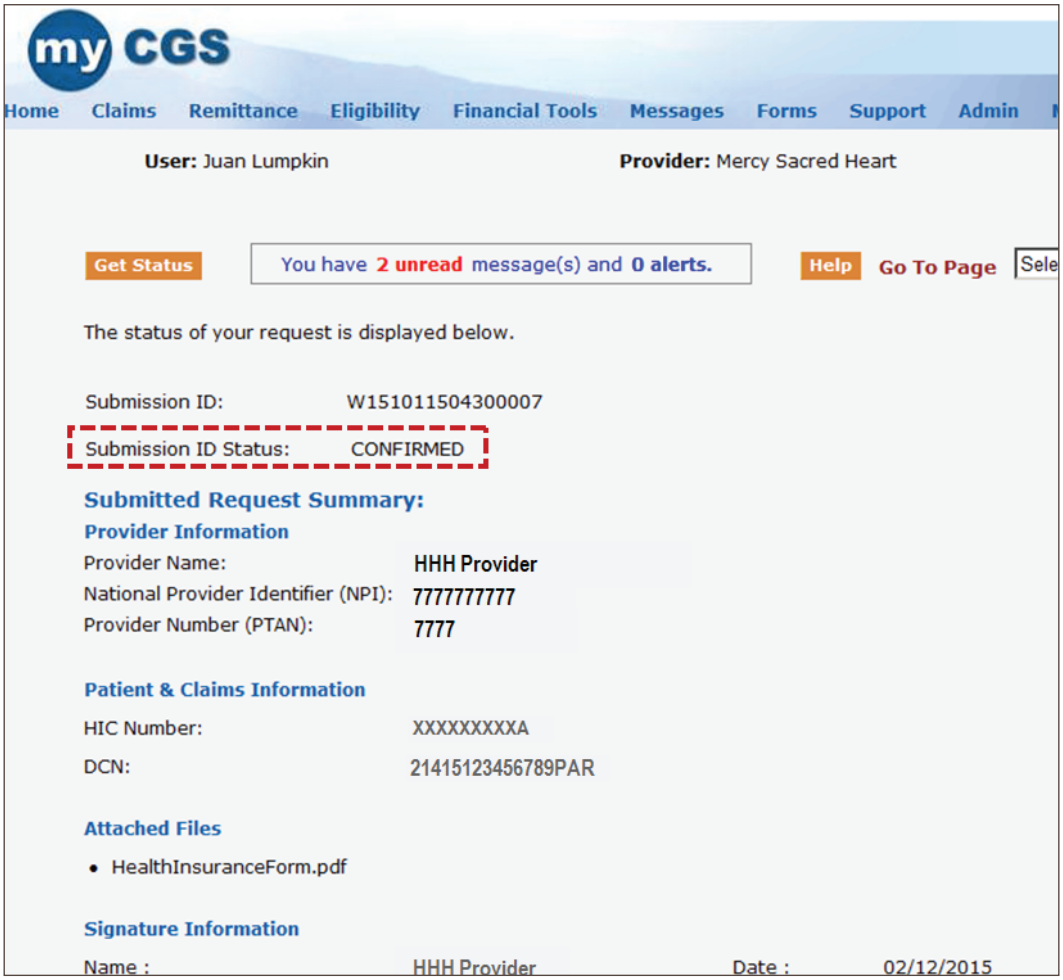

CHECKING THE STATUS OF AN MR ADR RESPONSE

To confirm that your documentation was received and applied to the individual claim, use FISS Option 12. When the documentation has been applied to the ADRd claim, the claim will move to status location S M50MR. For more information, refer to the "Additional Development Request (ADR) Process" Web page (http://www.cgsmedicare.com/hhh/medreview/adr_process.html), or the FISS Guide, Chapter 3: Inquiry Menu (http://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_3-inquiry_menu.pdf).

Medicare Credit Balance Reporting

The *Forms* tab within myCGS includes an option to allow users to report credit balances. Providers use the quarterly CMS-838 report to disclose Medicare credit balances based on the number and amount of refunds due to the Medicare program. The option to report through myCGS is offered as a convenience to you to facilitate an accurate and timely report.

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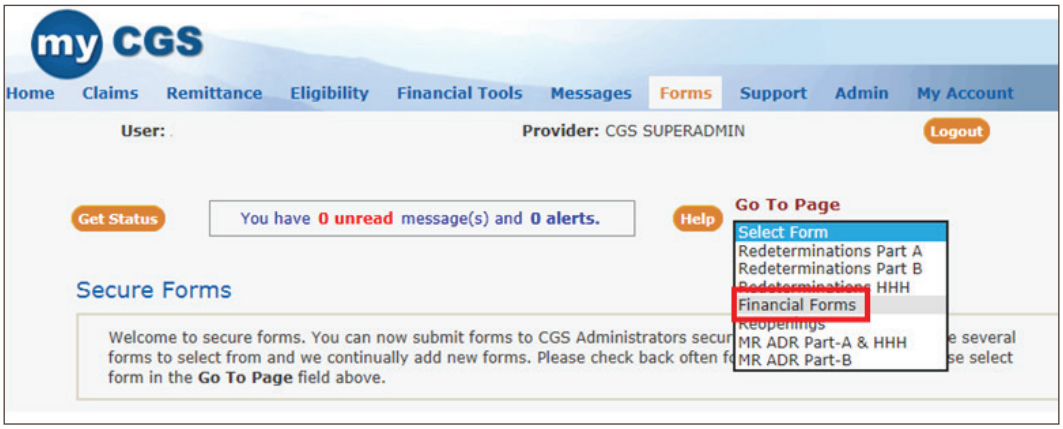
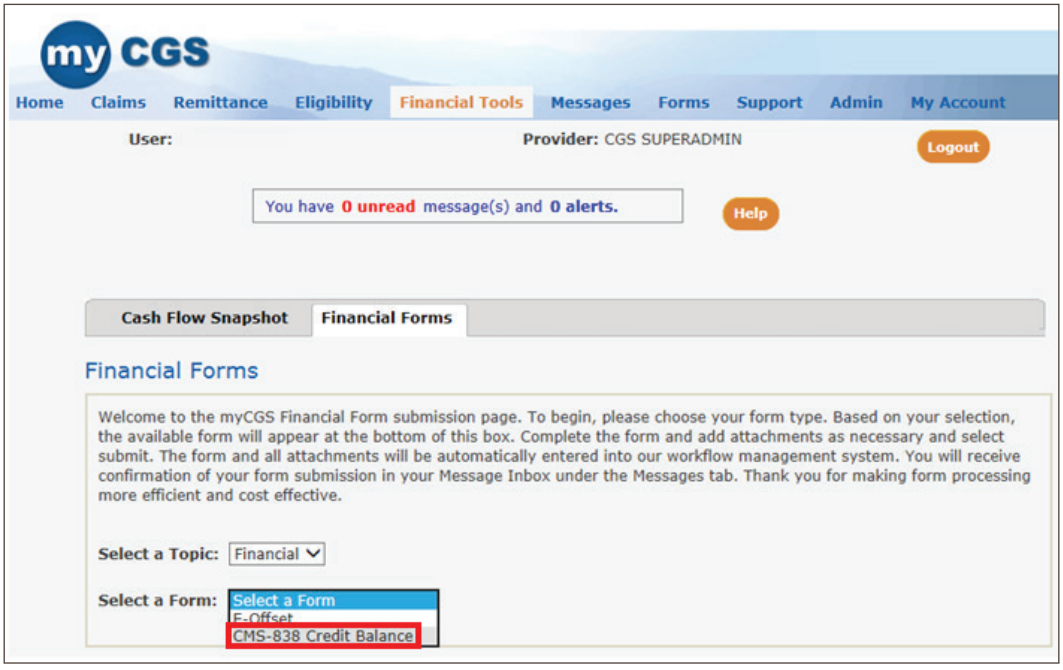
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

ACCESSING THE CREDIT BALANCE REPORTING FORM

Once you access the 'Forms' tab, in the 'Go To Page' field, click the drop-down box and select 'Financial Forms'. *(You can also access the form from the 'Financial Tools' tab by selecting the 'Financial Forms' sub-tab.)* Then select 'CMS 838 Credit Balance' from the drop-down options.




my CGS
Home
Claims
Remittance
Eligibility
Financial Tools
Messages
Forms
Support
Admin
My Account
User:
Provider: CGS SUPERADMIN
Logout
You have 0 unread message(s) and 0 alerts.
Help
Cash Flow Snapshot
Financial Forms
Financial Forms
Welcome to the myCGS Financial Form submission page. To begin, please choose your form type. Based on your selection, the available form will appear at the bottom of this box. Complete the form and add attachments as necessary and select submit. The form and all attachments will be automatically entered into our workflow management system. You will receive confirmation of your form submission in your Message Inbox under the Messages tab. Thank you for making form processing more efficient and cost effective.
Select a Topic:
Financial
Select a Form:
Select a Form
CMS-838 Credit Balance

COMPLETING THE CREDIT BALANCE REPORTING FORM

Once the Credit Balance form loads, you will find three main sections: 1) Provider Information; 2) Attachments; and 3) Electronic Signature. Each field marked with a RED asterisk (*) is required.

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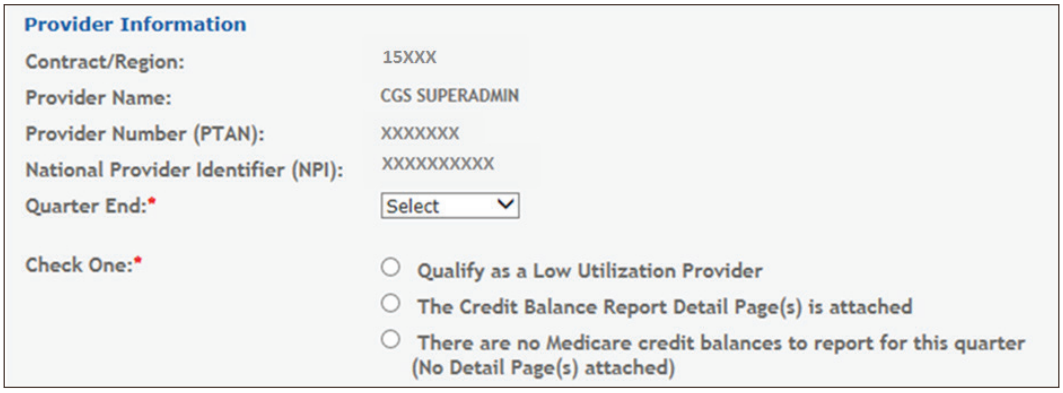
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

'Provider Information' Section

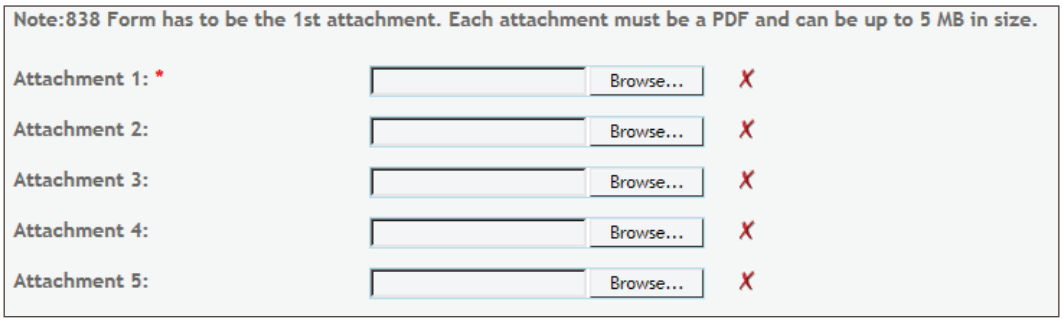
This section will be pre-populated based on your myCGS account.

- Select the quarter end date from the drop-down box
- Under *'Check One,'* select an option:
  - Qualify as a Low Utilization Provider: Select this option if this situation (http://www.cgsmedicare.com/hhh/financial/cost_reporting/utilization_cost_reports.html) exists
  - The Credit Balance Report Detail Page(s) is attached: Select this option if the appropriate documents are attached to the form
  - If there is no balance to be reported this quarter, select that option



'Attachments' Section

This section of the Credit Balance Reporting form allows you to attach documentation (https://www.cgsmedicare.com/hhh/pubs/news/2015/0615/cope29545.html) directly to the form. You can attach up to 5 documents (each up to 5 MB in size). The documents must be in a PDF format. *NOTE: As indicated on the form, the first attachment must be the CMS-838 Credit Balance Report Form* (http://www.cgsmedicare.com/hhh/financial/CMS-588.html).


Note:838 Form has to be the 1st attachment. Each attachment must be a PDF and can be up to 5 MB in size.
Attachment 1: *
Attachment 2:
Attachment 3:
Attachment 4:
Attachment 5:
Browse...

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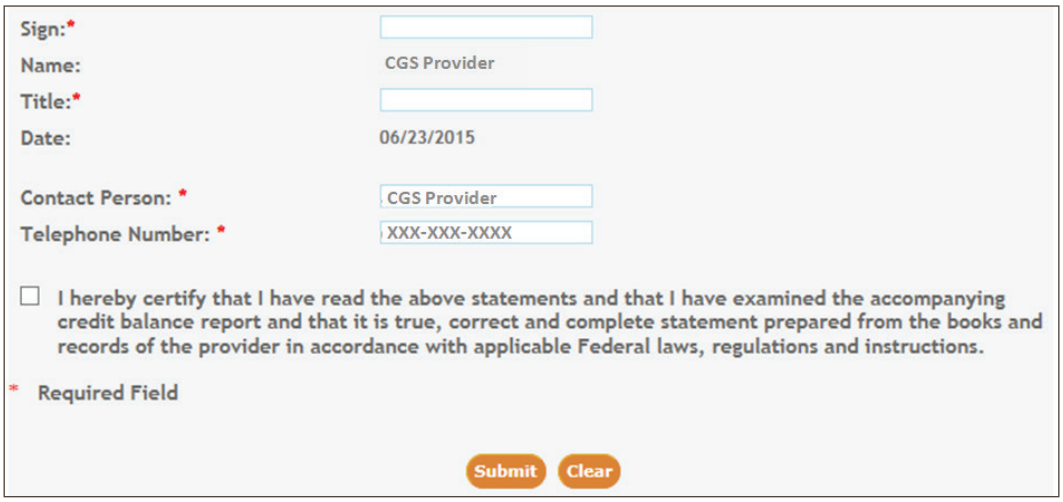
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)

'Electronic Signature' Section

This section of the Credit Balance Reporting form allows you to electronically sign and submit the form.

- To sign the form, enter the name of the person authorized to submit the form on behalf of the provider
- Enter the title of the person submitting the form
- Include the name and contact phone number of someone CGS can speak with should there be questions about the submitted form
- Check the box certifying the form and attached credit balance reports are accurate


Sign:*
Name:
CGS Provider
Title:*
Date:
06/23/2015
Contact Person: *
CGS Provider
Telephone Number: *
XXX-XXX-XXXX
I hereby certify that I have read the above statements and that I have examined the accompanying credit balance report and that it is true, correct and complete statement prepared from the books and records of the provider in accordance with applicable Federal laws, regulations and instructions.
* Required Field
Submit
Clear

SUBMITTING THE CREDIT BALANCE REPORTING FORM

Once all information has been entered, the form validated and all necessary documents have been attached, click the 'Submit' button.

After submitting the form, you will be taken to the *Messages* tab where you will receive a message confirming receipt of the Credit Balance Reporting form. A second message will be sent, which will include a Submission ID assigned to your request.

This is confirmation that the form was accepted. *NOTE: The second message can take up to 24hrs. to be received.*

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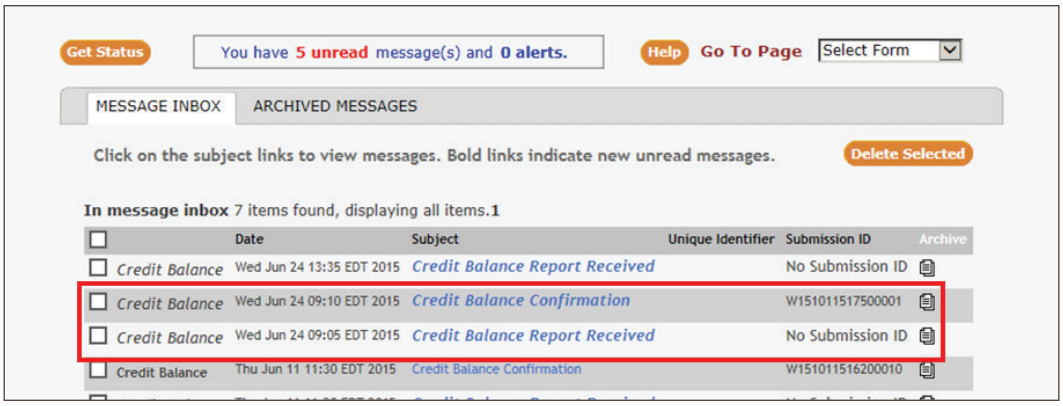
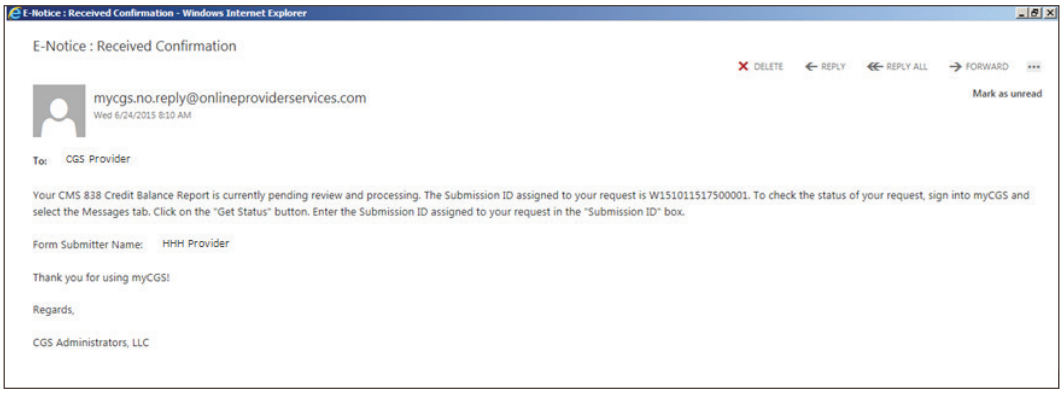
CHAPTER 7 'Forms' Tab (for Home Health & Hospice Providers)



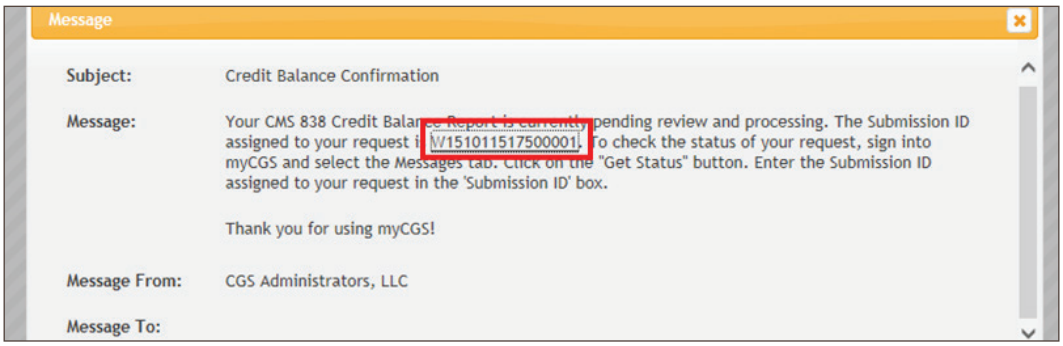
An e-mail will also be sent confirming receipt of the form, which includes the Submission ID and instructions on how to check the status.


E-Notice : Received Confirmation - Windows Internet Explorer
E-Notice : Received Confirmation
DELETE
REPLY
REPLY ALL
FORWARD
mycgs.no.reply@onlineproviderservices.com
Wed 6/24/2015 8:10 AM
Mark as unread
To: CGS Provider
Your CMS 838 Credit Balance Report is currently pending review and processing. The Submission ID assigned to your request is W151011517500001. To check the status of your request, sign into myCGS and select the Messages tab. Click on the "Get Status" button. Enter the Submission ID assigned to your request in the "Submission ID" box.
Form Submitter Name: HHH Provider
Thank you for using myCGS!
Regards,
CGS Administrators, LLC

CHECKING THE STATUS

Selecting the second message with the Submission ID assigned to the form provides instructions on how to view the status of your request.

Once the message is open, click on the Submission ID in the message, or select the 'Get Status' button located in the upper-left of the screen and enter the Submission ID.


Message
Subject:
Credit Balance Confirmation
Message:
Your CMS 838 Credit Balance Report is currently pending review and processing. The Submission ID assigned to your request is W151011517500001. To check the status of your request, sign into myCGS and select the Messages tab. Click on the "Get Status" button. Enter the Submission ID assigned to your request in the 'Submission ID' box.
Thank you for using myCGS!
Message From:
CGS Administrators, LLC
Message To:

The details of the Credit Balance Reporting form submitted will display.

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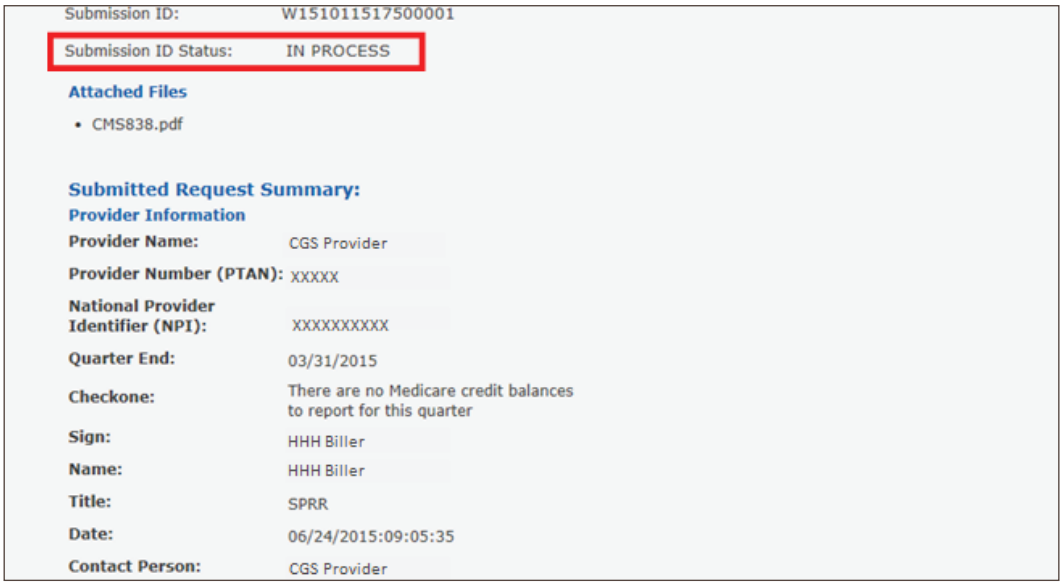
CHAPTER 7

'Forms' Tab (for Home Health & Hospice Providers)



Submission ID: W151011517500001

Submission ID Status: IN PROCESS

Attached Files

- CMS838.pdf

Submitted Request Summary:

Provider Information

Provider Name:	CGS Provider
Provider Number (PTAN):	XXXXX
National Provider Identifier (NPI):	XXXXXXXXXX
Quarter End:	03/31/2015
Checkone:	There are no Medicare credit balances to report for this quarter
Sign:	HHH Biller
Name:	HHH Biller
Title:	SPRR
Date:	06/24/2015:09:05:35
Contact Person:	CGS Provider

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